

Employee Benefits Survey

Technical Note

The Employee Benefits Survey (EBS) of the Bureau of Labor Statistics (BLS) covers the incidence and characteristics of employee benefit plans, and is conducted jointly with the Bureau's Employment Cost Index. The two surveys cover all private sector establishments (except farms and private households) and State and local governments.

The survey covers full- and part-time employees in the 50 States and District of Columbia. However, industrial and establishment size coverage varies on a rotating basis. In even-numbered reference years, EBS data are collected for small private establishments (those employing fewer than 100 workers) and State and local governments (regardless of employment size). In odd-numbered years, data are collected for medium and large private establishments (those employing 100 workers or more).

Occupational groups

Within each surveyed establishment, data are collected for a sample of all occupations in the establishment. The occupations are selected randomly; the probability of any occupation's selection is related to its employment size relative to total employment in the surveyed establishment.

Benefit areas

BLS requests that surveyed establishments provide data for the sample occupations' work schedules and details of plans in each of the following benefit areas: Paid holidays, vacations, personal leave, funeral leave, military leave, sick leave, jury duty leave, and paid and unpaid family leave; sickness and accident insurance; long-term disability insurance; medical, dental, and vision care; life insurance; defined benefit pension plans; defined contribution plans; flexible benefit plans; and reimbursement accounts.

Data are also collected on the incidence of the following additional benefits: Severance pay, supplemental unemployment benefits, travel accident insurance, nonproduction cash bonuses, child care, elder care, long-term care insurance, wellness programs, recreation facilities, job-related and nonjob-related educational assistance, employee assistance programs, financial counseling, subsidized commuting, sabbatical leave, stock option plans, stock purchase plans, and cash profit-sharing plans.

Survey estimation methods

The survey design uses an estimator that assigns the inverse of each surveyed establishment's probability of selection as a weight to its data. Three weight-adjustment factors are applied to the establishment data. The first factor is introduced to account for establishment nonresponse and the second for occupational nonresponse. A third poststratification factor is introduced to adjust the estimated employment totals to actual counts of the employment by industry for the survey reference date.

There are two procedures used to adjust for missing data from responding establishments. First, imputations for the number of plan participants are made for cases in which this number is not reported. Each of these participant values is imputed by selecting a similar plan from another establishment with similar employment in a similar industry. The participation rate from this selected plan is then used to approximate the number of participants for the plan that is missing a participation value.

Second, imputations for plan provisions are made when they are not available because of an establishment's partial response. These plan provisions are imputed by selecting provisions from a plan from another establishment with similar characteristics.

Regular publications

Estimates from the EBS are published in three bulletins: *Employee Benefits in Small Private Establishments*; *Employee Benefits in Medium and Large Private Establishments*; and *Employee Benefits in State and Local Governments*.

To meet the needs of data users interested in specific benefit topics, EBS data are used to prepare three series of short publications: *Understanding Employee Benefits* is a popularly written series of flyers covering benefits. *Employee Benefits Briefs* are one-page highlights of benefits topics. *Issues in Labor Statistics* is a series of BLS occasional reports that presents information of current interest.

More information may be obtained by writing the Employee Benefits Survey, Bureau of Labor Statistics, 2 Massachusetts Avenue, NE, Room 4160, Washington, DC 20212-0001. Public information is also available by telephone at (202) 606-6222. World Wide Web access: <http://stats.bls.gov>

Table B-1. Percent of full-time employees in medical plans¹ by source of managed care features, public and private sector, 1994-96²

Source of managed care features	All employees	Public sector	Private sector		
			Total	Medium and large establishments	Small establishments
Number of employees (in thousands)	62,336	11,192	51,145	25,546	25,599
Total (percent)	100	100	100	100	100
Managed care plans	62	60	62	62	62
Preferred provider organization ³ plans	34	30	35	34	35
Health maintenance organization ⁴ plans	27	30	27	27	27
Traditional fee-for-service ⁵ plans	37	38	37	37	36
With managed care features	24	28	23	28	18
Without managed care	8	11	8	9	6
Not determinable	5	-	6	-	12

¹ Plans providing services or payments for services rendered in the hospital or by a physician. Includes exclusive provider organization plans that are not shown separately. Excludes plans that provide only dental, vision or prescription drug coverage.

² Data for public sector employees are for 1994, data for private sector medium and large establishments are for 1995, and data for private sector small establishments (fewer than 100 employees) are for 1996.

³ A preferred provider organization (PPO) is a group of hospitals and physicians that contract to provide comprehensive medical services. To encourage use by

organization members, the health care plan limits reimbursement rates when participants use nonmember services.

⁴ A health maintenance organization (HMO) provides a prescribed set of benefits to enrollees for a fixed payment.

⁵ A traditional fee-for-service plan pays for specific medical procedures, performed by any qualified provider, as expenses are incurred. Managed care features must include preadmission certification and second surgical opinion.

NOTE: Because of rounding, sums of individual items may not equal totals. Dash indicates no employees in this category.

Table B-2. Percent of full-time employees in health plans other than health maintenance organizations (HMOs) by amount of individual deductible,¹ public and private sector, 1994-96²

Deductible ³	All employees			Public sector			Private sector		
	All non-HMO plans ⁴	Fee-for-service plans	Preferred provider organizations	All non-HMO plans ⁴	Fee-for-service plans	Preferred provider organizations	All non-HMO plans ⁴	Fee-for-service plans	Preferred provider organizations
Number of employees (in thousands)	45,194	22,987	21,208	7,881	4,269	3,368	37,314	18,717	17,840
Total (percent)	100	100	100	100	100	100	100	100	100
Deductible specified	79	93	67	84	93	78	78	93	65
Deductible on an annual basis ⁵	79	92	67	84	93	78	78	92	65
Based on earnings ⁶	4	5	3	(⁷)	1	-	4	6	3
Flat dollar amount	75	88	64	83	92	78	73	87	62
Less than \$100	2	3	1	6	9	1	1	1	1
\$100 - \$149	16	21	12	33	42	23	13	16	10
\$150 - \$199	6	6	6	7	5	9	6	7	5
\$200 - \$249	19	21	16	18	15	22	19	22	15
\$250 - \$299	13	15	11	12	12	12	13	16	11
Over \$300	19	22	18	9	9	10	22	25	19
Other	(⁷)	(⁷)	(⁷)	(⁷)	-	(⁷)	(⁷)	(⁷)	(⁷)
No deductible	19	6	31	16	7	22	20	6	33
Not determinable	2	1	2	(⁷)	1	-	2	1	2

¹ The deductible is the amount of covered expenses that an individual must pay before any charges are paid by the medical care plan. Deductibles that apply separately to a specific category of expense, such as a deductible for each hospital admission, were excluded from this tabulation.

² Data for public sector employees are for 1994, data for private sector medium and large establishments are for 1995, and data for private sector small establishments (fewer than 100 employees) are for 1996.

³ Amount of deductible described is for each insured person. However, many plans contain a maximum family deductible. In some plans, the individual and the family deductibles are identical. If the deductible applied only to dependents' coverage, it was not tabulated.

⁴ These plans include exclusive provider organizations that are not shown separately.

⁵ Deductibles are calculated on an annual basis, with the enrollee responsible for satisfying a new deductible requirement each plan year.

⁶ These plans have deductibles that vary by the amount of the participant's earnings. A typical provision is 1 percent of annual earnings with a maximum deductible of \$150.

⁷ Less than 0.5 percent.

NOTE: Because of rounding, sums of individual items may not equal totals. Dash indicates no employees in this category.

Table B-3. Percent of full-time employees in health plans other than health maintenance organizations (HMOs) by relationship of individual and family deductibles,¹ public and private sector, 1994-96²

Relationship of individual and family deductibles	All employees			Public sector			Private sector		
	All non-HMO plans ³	Fee-for-service plans	Preferred provider organizations	All non-HMO plans ³	Fee-for-service plans	Preferred provider organizations	All non-HMO plans ³	Fee-for-service plans	Preferred provider organizations
Number of employees (in thousands)	45,194	22,987	21,208	7,881	4,269	3,368	37,314	18,717	17,840
Total (percent)	100	100	100	100	100	100	100	100	100
Individual and family deductibles specified	67	77	59	79	89	72	65	74	57
Family deductible is multiple of individual deductible ⁴	56	64	49	59	63	56	55	65	47
2 times	26	31	22	33	35	33	25	30	20
3 times	24	25	23	20	24	14	25	26	25
Other	6	8	4	6	4	9	6	8	3
Specified number of individual deductibles must be met to satisfy family deductible ⁵	11	13	10	20	25	16	9	10	9
Less than 3 individual deductibles	4	5	3	6	9	4	3	4	3
3 individual deductibles	7	8	7	14	16	12	6	6	6
More than 3 individual deductibles	(⁶)	(⁶)	(⁶)	-	-	-	(⁶)	(⁶)	(⁶)
No individual and/or family deductible	31	22	39	21	11	28	33	24	41
Not determinable	2	1	2	(⁶)	1	-	2	1	2

¹ Deductibles are calculated on an annual basis with the enrollee responsible for satisfying a new deductible requirement each plan year.

² Data for public sector employees are for 1994, data for private sector medium and large establishments are for 1995, and data for private sector small establishments (fewer than 100 employees) are for 1996.

³ These plans include exclusive provider organizations that are not shown separately.

⁴ For example, the individual deductible requirement is \$100 while the family deductible requirement is \$300.

⁵ For example, the individual requirement is \$100 and three individual deductibles must be met to satisfy the family requirement.

⁶ Less than 0.5 percent.

NOTE: Because of rounding, sums of individual items may not equal totals. Dash indicates no employees in this category.

Table B-4. Percent of full-time employees in health plans other than health maintenance organizations (HMOs) by coinsurance rates, public and private sector, 1994-96¹

Coinsurance	All employees			Public sector			Private sector		
	All non-HMO plans ²	Fee-for-service plans	Preferred provider organizations	All non-HMO plans ²	Fee-for-service plans	Preferred provider organizations	All non-HMO plans ²	Fee-for-service plans	Preferred provider organizations
Number of employees (in thousands)	45,194	22,987	21,208	7,881	4,269	3,368	37,314	18,717	17,840
Total (percent)	100	100	100	100	100	100	100	100	100
With a coinsurance rate ³	85	94	77	87	94	83	84	95	75
80 percent	61	81	42	64	78	51	60	82	38
85 percent	4	4	4	3	3	3	4	4	4
90 percent	17	6	30	17	10	27	16	4	30
Other percent	3	4	2	2	3	2	3	5	2
Varies ⁴	(⁵)	(⁵)	(⁵)	1	1	1	(⁵)	(⁵)	-
Without coinsurance ⁶	15	5	23	13	5	17	16	5	25
Not determinable	(⁵)	(⁵)	-	(⁵)	1	-	-	-	-

¹ Data for public sector employees are for 1994, data for private sector medium and large establishments are for 1995, and data for private sector small establishments (fewer than 100 employees) are for 1996.

² These plans include exclusive provider organizations that are not shown separately.

³ Represents the initial coinsurance in plans that have 100 percent coverage after the individual pays a specified dollar amount toward expenses. For example, the plan pays 80 percent until the individual's out-of-pocket expenses reach \$1,000, and then coverage is at 100 percent. A few plans have more than one coinsurance rate. In those cases, the coinsurance rate shown

applies to the majority of benefits under the plan.

⁴ The overall coinsurance rate varies by specified dollar amount of expenses. For example, 80 percent coverage up to \$5,000 and 90 percent thereafter.

⁵ Less than 0.5 percent.

⁶ Includes plans with overall benefit limitations, such as maximum dollar amounts and deductibles, where the coinsurance rate is 100 percent.

NOTE: Because of rounding, sums of individual items may not equal totals. Dash indicates no employees in this category.

Table B-5. Percent of full-time employees in health plans other than health maintenance organizations (HMOs) by maximum out-of-pocket expense provisions, public and private sector, 1994-96¹

Out-of-pocket expenses	All employees			Public sector			Private sector		
	All non-HMO plans ²	Fee-for-service plans	Preferred provider organizations	All non-HMO plans ²	Fee-for-service plans	Preferred provider organizations	All non-HMO plans ²	Fee-for-service plans	Preferred provider organizations
Number of employees (in thousands)	45,194	22,987	21,208	7,881	4,269	3,368	37,314	18,717	17,840
Total (percent)	100	100	100	100	100	100	100	100	100
With limit on out-of-pocket expense	81	86	78	85	89	86	80	85	76
With an annual dollar maximum on out-of-pocket expense ³ ..	74	80	70	80	86	79	73	78	69
Per individual:									
Less than \$1,000	24	27	21	45	50	42	19	21	17
\$1,000 - \$1,499	24	24	25	21	24	18	25	24	26
\$1,500 or greater	26	29	24	14	11	18	29	33	25
Per family:									
Less than \$2,000	14	17	12	23	26	19	12	14	10
\$2,000 - \$2,999	11	11	12	10	9	12	11	11	12
\$3,000 or greater	22	23	22	10	7	13	25	26	23
Other family maximum ⁴	9	9	10	8	6	11	10	9	10
No family maximum ..	18	21	15	30	36	24	15	17	13
Annual maximum on out-of-pocket expense based on earnings	4	4	6	3	1	6	5	4	6
Annual maximum on out-of-pocket expense varies by coinsurance rate ⁵	2	2	2	2	2	2	2	3	2
Other	(⁶)	(⁶)	(⁶)	(⁶)	(⁶)	(⁶)	(⁶)	(⁶)	(⁶)
No out-of-pocket expense required ⁷	6	2	9	6	2	6	6	2	10
No limit on out-of-pocket expense	9	8	10	8	8	8	9	8	10
Not determinable	4	4	3	(⁶)	1	-	4	5	4

¹ Data for public sector employees are for 1994, data for private sector medium and large establishments are for 1995, and data for private sector small establishments (fewer than 100 employees) are for 1996.

² These plans include exclusive provider organizations that are not shown separately.

³ Deductible amounts were excluded from computation of the out-of-pocket dollar limits. With rare exceptions, an out-of-pocket limit was specified on an annual basis. Few workers were in plans where the expense limit applied to a disability or a period other than a year. Charges for certain services, such as mental health care, may not be counted toward the out-of-pocket maximum.

⁴ These are plans where a family maximum is stated in such a way that it cannot be computed. For example, the individual out-of-pocket expense is limited to \$1,000 per year and the family out-of-pocket expense is limited to three individuals. The family out-of-pocket expense cannot be computed

because each of the three individuals must separately reach an out-of-pocket limit of \$1,000. Thus, if two individuals each reach \$1,000 in their out-of-pocket expenses, and two other family members reach \$900 and \$800, respectively, in out-of-pocket expenses, the family out-of-pocket limit would not have been met. A family dollar maximum cannot be computed in this example.

⁵ Some plans reimburse medical expenses at more than one coinsurance rate. They impose a limit on out-of-pocket expenses by specifying a maximum on covered medical expenses beyond which all expenses are paid at 100 percent.

⁶ Less than 0.5 percent.

⁷ All covered expenses are paid at 100 percent.

NOTE: Because of rounding, sums of individual items may not equal totals. Dash indicates no employees in this category.

Table B-6. Percent of full-time employees in health plans other than health maintenance organizations (HMOs) by maximum benefit provisions, public and private sector, 1994-96¹

Maximum benefit ²	All employees			Public sector			Private sector		
	All non-HMO plans ³	Fee-for-service plans	Preferred provider organizations	All non-HMO plans ³	Fee-for-service plans	Preferred provider organizations	All non-HMO plans ³	Fee-for-service plans	Preferred provider organizations
Number of employees (in thousands)	45,194	22,987	21,208	7,881	4,269	3,368	37,314	18,717	17,840
Total (percent)	100	100	100	100	100	100	100	100	100
With maximum limits	70	71	70	75	76	78	69	69	68
Lifetime maximum only	68	69	68	73	75	75	67	67	67
Less than \$500,000	5	8	2	5	8	2	5	9	2
\$500,000 - \$999,999	5	6	4	5	6	5	5	6	4
\$1,000,000 or greater	58	54	62	63	61	69	57	53	61
Annual or disability maximum only	(⁴)	(⁴)	(⁴)	1	(⁴)	1	(⁴)	(⁴)	(⁴)
Both lifetime and annual or disability maximums	1	1	1	1	(⁴)	2	1	2	1
Other maximum	(⁴)	(⁴)	(⁴)	(⁴)	-	1	(⁴)	(⁴)	(⁴)
Without maximum limits	27	25	27	24	23	21	27	26	29
Not determinable	4	4	3	1	1	1	4	5	3

¹ Data for public sector employees are for 1994, data for private sector medium and large establishments are for 1995, and data for private sector small establishments (fewer than 100 employees) are for 1996.

² Maximum benefit described is for each insured person. Where the maximum differed for employees and dependents, the employee maximum was tabulated.

³ These plans include exclusive provider organizations that are not shown separately.

⁴ Less than 0.5 percent.

NOTE: Because of rounding, sums of individual items may not equal totals. Dash indicates no employees in this category.

Table B-7. Average annual deductibles, out-of-pocket expenses, and lifetime benefits in all health plans except health maintenance organizations (HMOs), public and private sectors, 1994-96¹

Average feature	All employees			Public sector			Private sector		
	All non-HMO plans ²	Fee-for-service plans	Preferred provider organizations	All non-HMO plans ²	Fee-for-service plans	Preferred provider organizations	All non-HMO plans ²	Fee-for-service plans	Preferred provider organizations
Number with medical care	45,194	22,987	21,208	7,881	4,269	3,368	37,314	18,717	17,840
Average annual deductible ³	\$261	\$264	\$257	\$186	\$172	\$206	\$279	\$286	\$269
Annual maximum out-of-pocket expenses ^{3,4}									
Individual	1,351	1,357	1,337	941	862	1,053	1,446	1,480	1,399
Family	2,858	2,782	2,908	1,947	1,690	2,275	3,027	2,990	3,024
Lifetime maximum benefits ^{3,4} ...	882,612	898,681	882,501	896,051	850,532	951,990	879,529	910,720	867,619

¹ Data for public sector employees are for 1994, data for private sector medium and large establishments are for 1995, and data for private sector small establishments (fewer than 100 employees) are for 1996.

² These plans include exclusive provider organizations that are not shown separately.

³ The average is presented for all covered workers; averages exclude

workers without the plan provision.

⁴ Maximum described is for each insured person. Where the maximum differed for employees and dependents, the employee maximum was tabulated.

NOTE: Because of rounding, sums of individual items may not equal totals.